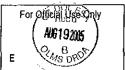
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

				
1. File Number U - 1700 O	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Jeffrey M Taggart	Name Amer Fed of State County & Muni Empls AFL-CIO			
	Labor Organization File Number 000 - 289			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 12001 Market Street, Unit 450	Street 1625 L Street, NW			
City Reston	City Washington			
State Virginia ZIP Code + 4 20190-6223	State District of Columbia ZIP Code + 4 20036-5687			
5. Position in labor organization. Associate Director Accounting				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name	TO THE THE PROPERTY OF A COME TO THE THEORY OF SECTION AND THE THEORY OF THE SECTION OF THE SECT			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Jan 74 Tzy	On 8//3/05 202-429-/031 Date Telephone Number			

Name of Person Filing Jeffrey Taggart	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	r 1			
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	, , b. Trust			
Street	c. Employer			
City (
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	AND PERFORMANCE AND A CASE		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	LA DE CERTA A CONTRADA DA DA DA DA CARRA LA CARRA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
City	11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.	way with and any and		
State ZIP Code + 4	2. A. Marine 11/21 (1/2 Marine 11/21) 1/2/Marine 11/2 (1/2 Marine 11/21) 1/2/Mari	According to the second		
Programme and the contraction of		A form		
	C. n. manager.			
	12,b. Amount.	7		
		h (sur		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
Name Amalgamated Bank	Baseball Tiokets (4) Tickets were not used personally,	har diamethan		
t,	to staff for their use and enjoym	ent.		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 15 Union Square				
City New York				
State New York ZIP Code + 4 10003-3378	Constitution and the Comment with the contract of the Contract	e or the man and a second of the same and a se		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$157		

Name of Person Filing Jeffrey Taggart	File Number U-
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Part C Continuation Page

,					
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union Square City New York State New York ZIP Code + 4 10003-3378	14.a. Nature of payment. Baseball Tiokets (4) Tickets were not used personally, but distributed to staff for their use and enjoyment.	An and a state of the state of			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$15	7			
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	1			
Name Amalgamated Bank	Holiday Gift - Champagne				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 15 Union Square		-			
City New York		-			
State New York ZIP Code + 4 10003-3378	STATE OF THE PROPERTY OF THE P	.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	4			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	,			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		Arr comma o Coor unancoo			
Street		The rafe librocome manage			
City					
State ZIP Code + 4	CAPTAN, COMES, SHAREP THE SEPTEMENT COMMIC CONTINUES N				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	* * *			